TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission				Approved for use through 07/31/2006. OMB 0651-003 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCS are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/091,357 Filing Date March 1, 2002 First Named Inventor Sivaram Pillarisetti Art Unit 1644 Examiner Name Maher M. Haddad Attorney Docket Number R18631 1050.1					
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement				Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Retu	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Im postcard	
		SIGNA	TURE O	F APPLICA	NT, ATTC	RNEY, C	R AG	ENT	
Firm Name	Womble	Carlyle Sandridg	e & Rice,	PLLC					
Signature		(<	leffer	15	10				
Printed name Jeffery B. Arnold			700	1					
Date August 10, 2006				Reg. No. 39,540			10		
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature									
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Alireza Behrooz

Typed or printed name

Date

August 10, 2006

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PTO/\$B/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwood Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PADEMA Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/091,357 **Application Number** FEE TRANSMITTAL Filing Date March 1, 2002 For FY 2006 Sivaram Pillarisetti First Named Inventor **Examiner Name** Maher M. Haddad Applicant claims small entity status. See 37 CFR 1.27 **Art Unit** 1644 TOTAL AMOUNT OF PAYMENT 450.00 R18631 1050.1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card L __Money Order ___None Check Other (please identify): Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC Deposit Account Deposit Account Number: 09-0528 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 150 500 250 100 200 130 100 100 50 65 Design 200 300 160 Plant 100 150 80 300 150 500 250 600 300 Reissue 200 0 0 **Provisional** 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Fee (\$) Extra Claims Total Claims - 20 or HP = × <u>50.00</u> Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee Paid (\$) Extra Claims .00 -3 or HP =0 200.00 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Extra Sheets (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 450.00 Other (e.g., late filing surcharge): Petition for Extension of Time (\$450)

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SUBMITTED BY				
Signature	Selfen	- K 80	Registration No. 39,540 (Attorney/Agent)	Telephone 404-879-2433
Name (Print/Type) J	effery B. Arnold	1.77		Date August 10, 2006

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